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7590 11/30/2005

Paul A. Leipold
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<i>Jane Carfagna</i> (Depositor's name)
<i>Jane Carfagna</i> (Signature)
<i>February 16, 2006</i> (Date)

APPLICATION NO.	FILING DATE	FIRST NAMED INVENTOR	ATTORNEY DOCKET NO.	CONFIRMATION NO.
10/695,165	10/28/2003	James W. Blcase	85905EW SmR	7164

TITLE OF INVENTION: INK JET INK SET

02/22/2006 RMEBRAH1 00000145 10695165

01 EC:1501 1400.00 DP
02 FC:1504 300.00 DP

APPLN. TYPE	SMALL ENTITY	ISSUE FEE	PUBLICATION FEE	TOTAL FEE(S) DUE	DATE DUE
nonprovisional	NO	\$1400	\$300	\$1700	02/28/2006

EXAMINER	ART UNIT	CLASS-SUBCLASS
KLEMANSKI, HELENE G	1755	106-031270

1. Change of correspondence address or indication of "Fee Address" (37 CFR 1.363).
 Change of correspondence address (or Change of Correspondence Address form PTO/SB/122) attached.
 "Fee Address" indication (or "Fee Address" Indication form PTO/SB/47; Rev 03-02 or more recent) attached. Use of a Customer Number is required.

2. For printing on the patent front page, list
(1) the names of up to 3 registered patent attorneys or agents OR, alternatively,
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1 *Doreen M. Wells*
2 *Sarah Meeks Roberts*
3 _____

3. ASSIGNEE NAME AND RESIDENCE DATA TO BE PRINTED ON THE PATENT (print or type)

PLEASE NOTE: Unless an assignee is identified below, no assignee data will appear on the patent. If an assignee is identified below, the document has been filed for recordation as set forth in 37 CFR 3.11. Completion of this form is NOT a substitute for filing an assignment.

(A) NAME OF ASSIGNEE

(B) RESIDENCE: (CITY and STATE OR COUNTRY)

EASTMAN KODAK COMPANY

343 STATE STREET, ROCHESTER, NY 14650-2201

Please check the appropriate assignee category or categories (will not be printed on the patent): Individual Corporation or other private group entity Government

4a. The following fee(s) are enclosed:

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Authorized Signature

Paul A. Leipold

Date

2-14-06

Typed or printed name

Paul A. Leipold

Registration No.

26,664

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